

2007
VT

**Corporate Income
Tax Return**



* 0 7 4 1 1 1 1 9 9 *

☐ Check here if name or address has changed

PRINT OR TYPE COMPLETE NAME AND ADDRESS BELOW

A copy of the Federal corporate income tax return must be attached to this return.
Please PRINT in BLUE or BLACK ink.

A. CHECK ALL APPROPRIATE BOX(ES)			
<input type="checkbox"/> CONSOLIDATED RETURN	<input type="checkbox"/> ACCOUNTING PERIOD CHANGE	<input type="checkbox"/> INITIAL RETURN	
<input type="checkbox"/> AMENDED RETURN	<input type="checkbox"/> EXTENDED RETURN	<input type="checkbox"/> FINAL RETURN (CANCELS ACCOUNT)	

B. VERMONT BUSINESS ACCOUNT NUMBER (# # # # # X X)	FISCAL YEAR ENDING (y y y y m m)
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RETURNS CANNOT BE PROCESSED WITHOUT FIELDS B AND C COMPLETED	FEDERAL ID NUMBER
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C. UNITARY GROUP RETURN	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PRINCIPAL VT CORP. FID # _____		

D. 6-DIGIT NAICS NUMBER <div style="border: 1px solid black; height: 30px; width: 100%; position: relative;"> <div style="position: absolute; top: 5px; left: 5px; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 5px; left: 25px; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 5px; left: 50px; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 5px; left: 75px; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 5px; left: 100px; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 5px; left: 125px; width: 20px; height: 20px; border: 1px solid black;"></div> </div>	E. USING COMPUTER GENERATED OR SUBSTITUTE FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Enter all amounts in whole dollars.
FOR C CORPORATIONS ONLY

- | | | | |
|---|--|--------------------------------|--|
| FEDERAL (or RECOMPUTED Federal) TAXABLE INCOME of
a UNITARY GROUP, A CONSOLIDATED GROUP, OR A
SINGLE ENTITY. (See instructions). | | FOR C CORPORATIONS ONLY | |
| <input checked="" type="checkbox"/> | Check here if you have taken the "Bonus" depreciation [see IRC 168(K)]. If this box is checked, Line 1 must be recomputed eliminating the provision for the federal special bonus depreciation. See instructions. For Group returns, recompute separately. | | |
| 1. | ADD (a) Interest on non-Vermont state and local obligations. 2(a) | 1. | [][] , [][] , [][] , [][] . ♦ |
| | (b) State and local income or franchise taxes. 2(b) | | [][] , [][] , [][] , [][] . ♦ |
| | LESS (c) Interest on U.S. Government obligations. 2(c) | | [][] , [][] , [][] , [][] . ♦ |
| | (d) "Gross Up" required by IRC Sec. 78 and other
excludable income. 2(d) | | [][] , [][] , [][] , [][] . ♦ |
| | (e) Targeted Job Credit salary and wage expense
addback. 2(e) | | [][] , [][] , [][] , [][] . ♦ |
| 3. | NET TAXABLE INCOME
{Line 1 plus Lines 2(a) and 2(b) less Line 2(c), 2(d), and 2(e)} | 3. | [][] , [][] , [][] , [][] , [][] . |
| 4. | NON-BUSINESS INCOME and FOREIGN DIVIDENDS ALLOCATED
EVERYWHERE (VT Form BA-402, Part 1, Line 1a and/or 1c). | 4. | [][] , [][] , [][] , [][] , [][] . ♦ |
| 5. | NET APPORTIONABLE INCOME Subtract Line 4 from Line 3.
Enter the result here. | 5. | [][] , [][] , [][] , [][] , [][] . ♦ |
| 6. | VERMONT APPORTIONMENT PERCENTAGE (100% or amount from VT Form BA-402, Line 22). . 6. | 6. | [][] . [][][][] % ♦ |
| 7. | NET INCOME APPORTIONED TO VERMONT (Multiply Line 5 by Line 6). ... | 7. | [][] , [][] , [][] , [][] , [][] . ♦ |
| 8. | NET INCOME ALLOCATED AND APPORTIONED TO VERMONT
(Enter amount from Line 3 above, or if not 100% VT, enter result of adding
VT Form BA-402, Part 1, Line 1b and Line 1d, & Line 7 above.) | 8. | [][] , [][] , [][] , [][] , [][] . ♦ |
| 9. | VERMONT NOL SUMMARY. | 9. | [][] , [][] , [][] , [][] , [][] . ♦ |
| 10. | VERMONT NET TAXABLE INCOME (Line 8 less Line 9) | 10. | [][] , [][] , [][] , [][] , [][] . ♦ |
| 11. | VERMONT TAX per tax computation schedules on Side 2 (\$250. minimum). | 11. | [][] , [][] , [][] , [][] , [][] . |

Check box if exception to minimum tax applies: ☐ SMALL FARM CORPORATION (\$75 minimum) ☐ NO VERMONT ACTIVITY (\$0) ☐ HOMEOWNER'S / CONDO ASSOC. (Federal Form 1120-H only) (\$0)

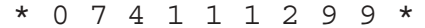
IF BALANCE DUE (Line 15, Side 2)

If credit claimed (Line 12, Side 2), check here

IF REFUND REQUESTED (Line 17, Side 2)

(continued on back)

Form CO-411
(Rev. 10/07)



- For information purposes only. Include these amounts in Line 14(a) above.**

Indicate Source FID # _____ . 14(b). , , , , .

Indicate Source FID # _____ .. 14(c). [] , [] , [] , [] .

(d) 2006 Overpayment Applied (combined for group) . . . 14(d). [][], [][][][], [][][][], [][][][], [][][][].

(e) Sum of Lines 14(a) and 14(d). 14(e). , , , .

16. Overpayment to be applied to 2008 for principal Vermont corporation
Reg. §1.5862(d). Provide its FID # _____

17. Overpayment to be refunded. **17.** [] , [] , [] , [] , [] .

Make check payable to: Vermont Department of Taxes
Send return Vermont Department of Taxes
and check to: 133 State Street
 Montpelier, VT 05633-1401

\$25,001 and over \$1,650 plus 8.50% of excess over \$25,000.



May the Dept. of Taxes discuss this return with the preparer named?
☐ Yes ☐ No

Check if self-employed ☐Preparer's
Telephone Number